## PATENT APPLICATION FEE DETERMINATION RECORD

 $x_{ci}$ 

Effective October 1, 2001

Application or Docket Number

TSO1-132

| (Column 1) (Column 2)  |  |   |                                      |             |                                 |                  |          | SMALL ENTITY        |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|--|---|--------------------------------------|-------------|---------------------------------|------------------|----------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |  |   | 12                                   |             | 100.0.                          |                  | [        | RATE                | FEE                    | )<br>                      | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED                         |             | NIMB                            | ER EXTRA         | ,        | BASIC FEE           |                        |                            | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   |                                      |             | Nowbertextisk                   |                  |          |                     | 010.00                 | UH                         |                     | - 10.00                |
| 10   | TAL CHARGEA                                    | BLE CLAIMS                                | 14                                   | us 20=      | *                               |                  |          | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | 2 mir                                | nus 3 =     |                                 |                  |          | X42=                |                        | OR                         | X84=                |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                             | ESENT                                |             |                                 |                  |          | +140=               |                        | OR                         | +280=               |                        |
| * If   | the difference                                 | in column 1 is l                          | ess than zero, enter "0" in column 2 |             |                                 |                  | ļ        | TOTAL               |                        | OR                         | TOTAL               | Ww                     |
| Claims as amended - Part II  |  |   |                                      |             |                                 |                  | <u> </u> |                     |                        | ,                          | OTHER THAN          |                        |
| _  |  | (Column 1)                                | (Colum                               |             |                                 | (Column 3)       | a ,      | SMALL               | YTITM                  | OR                         | SMALL               |                        |
| AWENDWENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,                                    | PREVI       | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                | **          |                                 | = `              |          | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| AME  | Independent                                    | *<br>NTATION OF MI                        | Minus ***                            |             | T CLAIM                         | =                |          | X42=                |                        | OR                         | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                      |             |                                 |                  |          | +140=               |                        | OR                         | +280=               |                        |
|  |  |   |                                      |             |                                 |                  |          | TOTAL               |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |  |   | ADDIT. FEE                           |             | 1                               | ADDII. FEE       |          |                     |                        |                            |                     |                        |
|  |  | (Column 1)                                | ]                                    | HIG         | mn 2)<br>HEST                   | (Column 3)       |          |                     | ADDI-                  |                            | -                   | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | PREV        | MBER<br>IOUSLY<br>FOR           | PRESENT<br>EXTRA |          | RATE                | TIONAL<br>FEE          |                            | RATE                | TIONAL<br>FEE          |
| NON  | Total  | * .                                       | Minus                                | **          |                                 | =                |          | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| RAE  | Independent                                    | *   | Minus                                | ***         |                                 | =                |          | X42=                |                        | OR                         | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |             |                                 |                  |          |                     |                        | 1                          |                     |                        |
|  |  |   |                                      |             |                                 |                  |          | +140=               |                        | OR                         | +280=               |                        |
|  | ·  |   |                                      |             |                                 |                  |          | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |  | <u>_</u>                                  |                                      |             |                                 |                  |          |                     |                        |                            |                     |                        |
| ENTC   | , a,   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUM<br>PREV | HEST<br>MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus                                | **          |                                 | =                |          | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| MER  | Independent                                    | *   | Minus                                | ***         |                                 | =-               | 1        | X42=                |                        | 1                          | X84=                |                        |
| A  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEPENDEN                     |             | IT CLAIM                        |                  |          | A42=                |                        | OR                         | 704=                | <b>}</b>               |
|  |  |   |                                      |             |                                 | _                |          | +140=               |                        | OR                         | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE                 |  |   |                                      |             |                                 |                  |          |                     |                        |                            |                     |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                      |             |                                 |                  |          |                     |                        |                            |                     |                        |